

1672.2
LUNACY AND MENTAL TREATMENT
ACTS

Annual Report of the
Board of Control
to the
Lord Chancellor

For the Year 1953

Presented pursuant to Act of Parliament

*Ordered by The House of Commons to be Printed
23rd July 1954*

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THE FORTIETH ANNUAL REPORT OF THE BOARD OF CONTROL FOR THE YEAR 1953

To the Right Honourable The LORD HIGH CHANCELLOR.

My Lord,

In pursuance of section 162 of the Lunacy Act, 1890, we beg to submit the following Report:—

Introduction

This Report refers briefly to the condition of mental hospitals and other institutional accommodation for the mentally ill (but not for the mentally defective) in England and Wales, and to the care of such patients. Since the coming into force of the National Health Service Act, 1946, the Minister of Health has become responsible for providing and maintaining mental hospitals and hospitals for the mentally defective. The Annual Report of the Minister to Parliament now includes sections on Mental Health with statistics relating both to mental illness and to mental deficiency.

Accommodation

On the 31st December, 1953, there were 150,152 patients under care under the provisions of the Lunacy and Mental Treatment Acts, 1890 to 1930. There were also 188 patients in Naval and Military Hospitals, 133 Broadmoor patients* in mental hospitals, and 905 in Broadmoor Institution. The total number of patients notified to us as under treatment for mental illness was, therefore, 151,378.

The number of patients in mental hospitals, excluding former public assistance institutions†, increased by 2,096 during 1953 to 139,135. This figure includes 50 patients outside the provisions of the Acts. The average annual increase in patients resident during the past five years was 1,309.

Calculated upon standards of space prescribed by the Ministry of Health these hospitals provide accommodation for 123,157 patients. This is 230 less than at the end of 1952, mainly because accommodation for 305 patients at three mental hospitals has been used to provide units for the treatment without formality of patients suffering from mild and early forms of mental illness, and these units have ceased to be part of the accommodation designated by the Minister of Health as mental hospital accommodation.

Out of this total accommodation 2,945 beds for various reasons were not available for use 998 being used for other services; bedspace for 848 patients was awaiting renovation or repairs; and 1,099 beds were not in use owing to shortage of staff. The hospitals were, therefore, overcrowded to the extent of 18,923 patients. References have been made in previous Reports to the expedients adopted to cope with this overcrowding and with the deteriorated conditions which have resulted.

Nurses

As mentioned above, owing to shortage of nurses, 1,099 beds could not be used in 1953 as compared with 1,640 in 1952. The position therefore remains serious. At the end of the year trained nurses numbered 7,712 men and 4,610 women, compared with 7,487 and 4,410 respectively at the

* Patients detained under the Acts relating to criminal lunatics.

† A number of former public health or poor-law hospitals now vested in the Minister of Health are designated and used as mental hospitals for aged and chronic patients.

end of 1952. Nursing assistants and other nursing auxiliaries make an invaluable contribution to the care of patients, but there is a decline in the number of student nurses of both sexes which affords cause for disquiet with regard to the future.

Despite the shortage of staff the standards of nursing and care generally remain high and for this great credit is due to the nurses and nursing auxiliaries of both sexes.

Health of Patients

Many of the patients come into hospital on account of a mental illness that is associated with or the result of a physical breakdown. As age advances the association becomes close and among the old people (65 and over) the average expectation of life on admission is a short one. As old people comprise some 20 per cent. of the numbers coming to hospital the death rate is, as might be expected, very high compared with that of the general population. The deaths in mental hospitals during 1953 were 4,798 males and 6,689 females, a total of 11,487. The percentage death rate at 7.9 was 0.2 per cent. below the rate of 1952.

Tuberculosis occurs more frequently in mental hospitals than in the general population, but compared with former years the record is a good one. In 1938 the incidence of new cases was 5.7 per thousand patients resident; in 1941 it rose to 11.3, which is the highest figure; since then there has been a steady fall to 5.5 in 1953, which is the lowest so far. The death rate from tuberculosis is also the lowest recorded, 1.9 deaths per thousand patients; this compares with 9 per thousand in 1942.

Fevers of the typhoid group, formerly recorded as a scourge, affected 22 patients, of whom two died. Gastro-intestinal infections of the dysenteric type (731 cases) were generally of a mild character, the case mortality being only one in ten thousand. Erysipelas occurred infrequently in 1953—49 cases distributed over 27 hospitals. Influenza, pneumonia, and non-tuberculous inflammatory diseases of the chest showed no abnormal incidence. Pellagra, now a rare disease in this country, was reported four times. It is usually found on admission and tends to occur where depression, leading to personal neglect, results in inadequate food intake over a long period.

Elderly Patients

On January 1st, 1953, the number of patients aged 65 years and over among the total mental hospital population was 41,574, i.e., 28.8 per cent. About two-thirds were women. Out of a total of 62,258 direct admissions to mental hospitals in 1952, 12,390 were 65 years or over, i.e., 19.9 per cent. In 1938 the percentage of aged in the mental hospital population was 17.5 per cent. and of the admissions was 12.3 per cent.

This increase is only in part due to the ageing of the population; there are also other important reasons such as loss of beds in former public assistance institutions, and social factors such as the increased employment of women and shortage of housing accommodation.

The need for more accommodation is likely to continue unless steps are taken to prevent it. There is need for more domiciliary services, day hospitals, social clubs and beds both in the Hospital Service and outside it. There is a widespread feeling that certification and admission to mental hospitals could be avoided in many instances if suitable accommodation was available elsewhere for old people who, though legally certifiable, do not show such seriously disturbed behaviour as to make it essential. Some might be suitable for short-term treatment in special geriatric units and

return home ; others for chronic sick wards or for the long-stay annexes advocated in a Ministry of Health memorandum to Regional Hospital Boards in 1950 ; and some for Part III National Assistance Act accommodation. There are now about 1,000 beds in long-stay annexes and a further 1,000 are likely to be available soon. The aim is to secure that everywhere certification shall be the last resort.

The outlook for old people with mental symptoms is much brighter than is usually appreciated. Clinical research has shown that in many cases active treatment can lead to rapid recovery. In a survey of aged patients admitted to six mental hospitals it was shown that 38 per cent. were discharged within a year.

Adequate care can be provided only if there is close co-operation between the services rendered by the hospitals, the local authorities, and the voluntary bodies.

Registered Hospitals, Licensed Houses, and Nursing Homes

The four hospitals* registered for the reception of persons suffering from mental illness were visited and were found to be in their usual satisfactory state.

The licensed houses† were visited and, in general, the conditions in them were satisfactory. In the case of one house, however, we found it necessary to draw the attention of the proprietors to certain matters calling for improvement. During 1953 Moorcroft, Hillingdon, Uxbridge, licensed by the Minister of Health to receive 48 private patients, was closed. There are now 11 houses licensed by the Minister and 15 by provincial justices.

Ten nursing homes approved by the Minister of Health for the reception of voluntary or temporary patients under the Mental Treatment Act, 1930, were visited as necessary and found to be properly conducted.

Single Patients

The decline in the number of single patients‡ mentioned in previous reports has continued. At the end of 1953 there were 58 compared with 64 at the beginning of the year. They were all visited and the arrangements for their care call for no comment.

Broadmoor Institution

This institution was regularly visited during the year. It continues to be well administered and we are glad to be able to record that the shortage of nursing staff has been reduced.

Royal Naval Hospital, Great Yarmouth, and P. Wing, Royal Victoria Hospital, Netley

The usual visit was paid to each of these Service Hospitals, and the patients were found to be in receipt of proper care and treatment. Unfortunately, it had not been possible to carry out structural improvements and repairs at the Royal Victoria Hospital.

* Cheadle Royal, near Manchester; St. Andrew's, Northampton; The Retreat, York; and Barnwood House, Gloucester. These hospitals are not vested in the Minister of Health, but are managed upon a voluntary basis.

† These are privately owned houses or homes in which patients are received for payment.

‡ A single patient resides in the house and under the legal control of a private individual.

The Board of Control

Mr. C. F. Penton, Legal Senior Commissioner, retired on the 19th April, 1953. He had been a member of the Board since 1936 and had previously served as a Commissioner from February, 1931. He was succeeded by Mr. H. R. Green, one of the Commissioners.

Dr. R. G. Anderson, a Commissioner, left in June, 1953, having been appointed to be one of the Lord Chancellor's Visitors in Lunacy.

By Order of the Board,

(Signed) I. F. ARMER,
Chairman.

(Signed) H. C. BLEAKLEY,
Secretary.

Ministry of Health Building,
Savile Row,
London, W.1.

June, 1954.

APPENDIX

DISTRIBUTION OF PATIENTS

The distribution of all patients at the end of the year 1953 may be seen by reference to Tables I and II, but it may be pointed out that 97·7 per cent. of them were resident in hospitals vested in the Minister of Health.

Movement of Patients

Admissions, Discharges, Transfers to other Care and Deaths in 1953. The following statement includes patients of each status (voluntary, temporary and certified):—

Resident on 1st January	...	...	...	...	...	...	149,353
Direct admissions	...	...	...	...	...	...	72,069
Indirect admissions (excluding regradings)	...	...	...	...	...	...	1,424
							222,846

Discharged and Departed:—

Recovered	...	...	...	...	...	...	17,074
Relieved	...	...	...	...	...	...	32,841
Not improved	...	...	...	...	...	...	7,171
By operation of law*	...	...	...	...	...	...	616
“ Not now insane ”	...	...	...	...	...	...	8
Transferred (under Order) to other care	...	...	...	...	...	...	1,727
Died	...	...	...	...	...	...	12,031
Remained at end of year	...	...	...	...	...	...	151,378
							222,846

* By reason of irregular admission documents, the lapsing of reception orders (Section 38, Lunacy Act, 1890, and Section 7, Lunacy Act, 1891) or discharge after absconding (Section 85, Lunacy Act, 1890).

TABLE I

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 31ST DECEMBER, 1953

Arranged according to Class

Where maintained	Private			Health Service			Broadmoor Patients			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Hospitals vested in the Minister of Health:—												
(i) Mental Hospitals ...	613	1,275	1,888	61,694	82,928	144,622	106	27	133	62,413	84,230	146,643
(ii) Teaching Hospitals ...	—	—	—	156	223	379	—	—	—	156	223	379
(iii) Broadmoor Institution ...	—	—	—	1	—	1	714	191	905	715	191	906
In premises not vested in the Minister of Health but deemed to be Mental Hospitals ...	—	—	—	19	29	48	—	—	—	19	29	48
In Registered Hospitals ...	416	740	1,156	40	84	124	—	—	—	456	824	1,280
In Licensed Houses:—												
Metropolitan ...	138	322	460	—	—	—	—	—	—	138	322	460
Provincial ...	258	885	1,143	154	—	154	—	—	—	412	885	1,297
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals ...	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ...	2	117	119	—	—	—	—	—	—	2	117	119
In Naval and Military Hospitals ...	188	—	188	—	—	—	—	—	—	188	—	188
In Private Single-Care ...	13	45	58	—	—	—	—	—	—	13	45	58
TOTAL ...	1,628	3,384	5,012	62,064	83,264	145,328	820	218	1,038	64,512	86,866	151,378
Increase during 1953. { Private ... Health Service ... Broadmoor Patients ...	86* 1,118 14	2 971 6	84* 2,089 20	Average Annual Increase in the five years 1949–1953 inclusive { Private ... Health Service ... Broadmoor Patients ...			TOTAL ...			54* 480 10	120* 803 1	174* 1,283 11
TOTAL ...	1,046	979	2,025							436	684	1,120

* Decrease

TABLE II

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 31ST DECEMBER, 1953

CLASSIFIED ACCORDING TO STATUS

Where maintained	Voluntary			Temporary			Certified			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Hospitals vested in the Minister of Health:—												
(i) Mental Hospitals	14,442	18,063	32,505	87	259	346	47,884	65,908	113,792	62,413	84,230	146,643
(ii) Teaching Hospitals	156	223	379	—	—	—	—	—	—	156	223	379
(iii) Broadmoor Institution	—	—	—	—	—	—	715	191	906	715	191	906
In premises not vested in the Minister of Health but deemed to be Mental Hospitals	—	—	—	—	—	—	19	29	48	19	29	48
In Registered Hospitals	207	399	606	3	9	12	246	416	662	456	824	1,280
In Licensed Houses:—												
Metropolitan	58	140	198	1	2	3	79	180	259	138	322	460
Provincial	94	355	449	—	3	3	318	527	845	412	885	1,297
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes	2	117	119	—	—	—	—	—	—	2	117	119
In Naval and Military Hospitals	2	—	2	—	—	—	186	—	186	188	—	188
In Private Single-Care	2	1	3	—	—	—	11	44	55	13	45	58
TOTAL	14,963	19,298	34,261	91	273	364	49,458	67,295	116,753	64,512	86,866	151,378
Of Total { Private	630	1,527	2,157	4	19	23	994	1,838	2,832	1,628	3,384	5,012
{ Health Service	14,333	17,771	32,104	87	254	341	47,644	65,239	112,883	62,064	83,264	145,328
{ Broadmoor Patients	—	—	—	—	—	—	820	218	1,038	820	218	1,038

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